



Affidavit of Domestic Partnership

We certify and declare that we are in a domestic partner relationship, and that we are each other's sole domestic partner. We are engaged in a committed relationship that we intend to maintain indefinitely, and:

- We declare that neither of us are married nor have we had another domestic partner within the last 6 months.
- We are both over 18 years of age and both are mentally competent to consent to this contract.
- We declare that we share the common necessities of life and are responsible for each other's welfare.
- We reside together with the intention to do so indefinitely.
- We are not related by blood closer than first cousins.

We affirm, under penalty of perjury, that the statements in this affidavit are true and correct.

Employee Name: _____ Date of Birth: _____

Employee Signature: _____ Date: _____

Domestic Partner Name: _____ Date of Birth: _____

Domestic Partner Signature: _____ Date: _____

Address: _____

*All unregistered domestic partners will have a tax implication for partner insurance coverage

**Please note that if the above domestic partnership terminates there will not be a COBRA option for the Domestic Partner and the employee will be restricted from enrolling a new domestic partner for 12 months.